

3721 \$ Qhw
PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Attorney Docket No.: 32414.28.0

Redding

Application No.: 09/913,308

Examiner: Paradiso, John Roger

Filed: August 10, 2001

Group Art Unit: 3721

For: SECURITY UNIT


PETITION FOR EXTENSION OF PERIOD FOR RESPONSE
UNDER 37 C.F.R. § 1.136(a)

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 C.F.R. § 1.136(a), an extension of time of three (3) months (from May 12, 2004 to August 12, 2004) within which to respond to the Office Action dated February 12, 2004, is requested. Enclosed is a check in the amount of \$475 to cover the extension fee. The Commissioner is also authorized to charge to Deposit Account No. 06-1910 any underpayments, overpayments or additionally required fees.

Respectfully submitted,


Allen W. Groenke
Registration No. 42,608

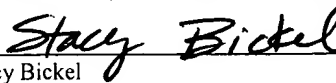
Customer No. 22859
Fredrikson & Byron, P.A.
200 South Sixth Street, Suite 4000
Minneapolis, MN 55402-1425 USA
Telephone: (612) 492-7000
Facsimile: (612) 492-7077

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 06-1910.

CERTIFICATE OF MAILING

I hereby certify that this document is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on:

August 11, 2004
Date of Deposit

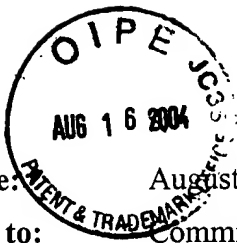

Stacy Bickel

#3002960\1

08/17/2004 JBALINAN 00000024 09913308

01 FC:2253

475.00 OP



F&B Expense Form

Date: August 11, 2004

Amount: \$475.00

Pay to: Commissioner for Patents

Description: Extension fee for 32414.24.1 28.0

Expense Type: Client

Internal Account No.:

Attorney/Paralegal Name: Al Groenke

Attorney/Paralegal No.: 1491

Client Name: Lloyd Wise

Client No.: 32414

Matter Name: Redding2

Matter No.: 0024-28

****Invoices and receipts must be attached for billing and reimbursement of expenses.****

Signature:

COPY

Signature:

Two Officers' signatures required for Client Funds

Travel, meal or entertainment expenses:

Date of expense:

Place:

Mileage:

Persons Attending:

Business Purposes & Nature of Discussion:

Date needed: 8/11/04

Time needed: 2:30

Mailing Instructions: Return to Stacy Bickel/35

Notes:

=====FOR FINANCE DEPARTMENT USE ONLY=====

Voucher #: _____

Check Date: _____

Cost Batch #: _____

Check #: _____

Check Amount: _____